



Attorney's Docket No.: 42P16429

Patent

In re the Application of: Vincent J. Zimmer et al.

(inventor(s))

Application No.: 10/607,642

Filed: June 26, 2003

For: METHOD TO SUPPORT LEGACY AND NATIVE MODE INTERRUPTS WITH MULTIPLEXED EXECUTION OF LEGACY AND NATIVE INTERRUPT SERVICE ROUTINES
(title)

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR: Transmitted herewith is a Response and Amendment for the above application.

☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

☒ Other: Fee for RCE is included.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|--|-----------------------------|----------|---------------------------------|---------------|----------------|----------------|---------------------------|----------------|
| | Claims Remaining After Amd. | | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | Rate | Additional Fee |
| Total Claims | * 24 | Minus | ** 28 | 0 | X9 | \$ | X18 | \$ 0 |
| Indep. Claims | * 3 | Minus | *** 3 | 0 | X43 | \$ | X86 | \$ 0 |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claim(s) | | | | | +145 | \$ | +290 | \$ |
| | | | | | Total Add. Fee | \$ | Total Add. Fee | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop RCE, Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450

on November 22, 2006
Date of Deposit

Chikako Yagi
Name of Person Mailing Correspondence

Chikako Yagi
Signature

11-22-06
Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

 X A check for \$ 790.00 is attached for processing fees under 37 C.F.R. § 1.17(e).
_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

 X The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the
following fees associated with this communication or credit any overpayment to Deposit Account
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 X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

 X Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: _____

11-22-06



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